



Kentucky Transportation Cabinet
Division of Right of Way & Utilities
STATEMENT OF CHARGES

TC 69-008
08/2010
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INSTRUCTIONS

- Company shall **fully** complete this form.
- Submit this fully completed form, Company invoice and documentation of charges in **triplicate**.
- Final invoicing is to be submitted within 1 year of completion of work, per contract and statute, to be considered for payment.
- Records of invoiced work are to be retained, as defined in the referenced contract, and may be subject to audit.
- **MAIL TO:** Highway Chief District Engineer ATTN: District Utility Agent (**find at:** <http://transportation.ky.gov/district.htm>)

GENERAL ROAD PROJECT INFORMATION (This section is as defined in the contract as executed)

Location / Description:

County (if more than one, use page 2): _____

Route/Road Name: _____

Project Description: _____

Fiscal:

Federal Number (if applicable): _____

State Number: _____

Item or AAR-DOT Number: _____

COMPANY INFORMATION

Company Address (as identified in the Contract):

Company Name: _____

Company Contact Name: _____

Company Invoice Number (if applicable): _____

DATE **INVOICED** WORK BEGAN (not to precede State Letter date): _____

DATE **INVOICED** WORK COMPLETED: _____

INVOICING INFORMATION:

CURRENT ☐ FINAL ☐ BILL NO. _____

AMOUNT OF THIS BILL \$ _____

TOTAL AMOUNT OF PREVIOUS BILLS \$ _____

TOTAL BILLS TO DATE \$ _____

Contract Start Date : _____

Contract Number: _____

Contract Type: _____

Contract Amount: \$ _____

Change Orders: #1 \$ _____

#2 \$ _____

(For additional orders, use page 2) #3 \$ _____

TOTAL FROM PG 2 \$ _____

TOTAL: \$ _____

COMPANY CERTIFICATION:

I certify that the attached invoice is a true statement of costs incurred by our Company in constructing the most economical type of facilities in the new location as will satisfactorily meet the same service requirements of the old facilities in the old location on subject project and such costs are eligible for payment in accordance with the executed contract.

Signature: _____

Title: _____

Date: _____

FOR CABINET USE ONLY:

Checked: District Utility Agent _____ Date _____

Recommended/Approved: Chief District Engineer _____ Date _____

Approved: Director, Division of Right of Way & Utilities _____ Date _____



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ADDT'L CHANGE ORDERS: #4 \$ _____
#5 \$ _____
#6 \$ _____
#7 \$ _____
#8 \$ _____
#9 \$ _____
#10 \$ _____
#11 \$ _____
#12 \$ _____
#13 \$ _____
#14 \$ _____
#15 \$ _____
TOTAL PAGE 2 (transfer to page 1) \$ _____

NOTE: If the amount of this bill applies to more than one county the correct distribution **MUST** be shown on the following lines.

COUNTY: **ACTUAL** **PERCENTAGE**
AMOUNT: (if applicable):

	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

**** This section is only needed if any information is entered on page 2 ****

COMPANY VALIDATION:

I accept the certification terms on page 1 in reference to the work performed as defined on page 1.

Initial: _____

Date: _____

